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**APPLICANTS**

JEAN-PIERRE SACHETTO, ARLESHEIM, SWITZERLAND;  
 WILLIAM JEFFERY SANDBORN, ROCHESTER, MN;  
 WILLIAM JOHN TREMAINE, ROCHESTER, MN;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/BG98/02899 09/25/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

**ADDRESS**

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**TITLE**

PHARMACEUTICAL COMPOSITION FOR THE TREATMENT OF INFLAMMATORY BOWEL DISEASE

FILING FEE RECEIVED 2448	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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